

PART I

IDENTIFIED CONTRACT PERFORMANCE DEFICIENCIES

(To be completed and submitted to BCM immediately upon initiation of Corrective Action)

Contract Number: _____ Contractor: _____ Review Date: _____

Reviewer's Name/s: _____ Division Name: _____

A. MAJOR DEFICIENCIES

Immediate initiation of a Corrective Action Plan (CAP) and compliance achieved within 24 hours.

- 1.
- 2.
- 3.
- 4.
- 5.

CAP Due Date: _____

Compliance Due Date: _____

B. SIGNIFICANT DEFICIENCIES

A Corrective Action Plan must be completed no later than 10 working days and compliance achieved within 30 days or less.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

CAP Due Date: _____

Compliance Due Date: _____

C. MINOR DEFICIENCIES

A Corrective Action Plan must be completed no later than 15 working days and compliance achieved within 60 days or less.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

CAP Due Date: _____

Compliance Due Date: _____

____ **IMMEDIATE SANCTION APPLIED.** (Attach Documentation Identifying Sanction.)

Distribution: Original – Division
Copies – BCM, Other DHS Divisions using the Contractor

Revision Date: March 1, 2007

CORRECTIVE ACTION PLAN

Contractor Name: _____

Contract #: _____ Original Review Date: _____

Reviewer's Name/s: _____

Division Name: _____

For each identified performance deficiency, state the steps that will be taken to ensure compliance with the required contract provision or policy standard by the designated due date. (Use additional sheets as necessary.)

Performance Deficiency #: _____ Compliance Due Date: _____

Corrective Action to be implemented:

Performance Deficiency #: _____ Compliance Due Date: _____

Corrective Action to be implemented:

APPROVAL OF PLAN:

Provider/Contractor: _____ Date: _____

Agency Approval by: _____ Date: _____

PART II

CORRECTIVE ACTION PLAN RESULTS

(This form must be submitted to BCM upon the compliance due date identified in Part I)

Original Review Date: _____ Compliance Review Date: _____

Type of Compliance Review (e.g., On-site, document, etc.): _____

Division's Reviewer(s): _____ Division: _____

Contractor: _____ Contract #: _____

Corrective action (____ **was**) (____ **was not**) successful in bringing Contractor into compliance with all contract requirements.

If corrective action **was not** successful in bringing the Contractor into compliance with all contract requirements, identify those requirements with which the Contractor is still out of compliance:

<u>Performance Deficiency</u>	<u>Contract Provision/Policy Standard</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

State what additional steps will be taken with regard to each of the above findings?

Compliance Due Date for Additional Steps: _____